

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NW	831	06/07/01
RESPONSE FORMALITY REVIEW	SK	809	7-12-01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral)..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final Original	
1	11/02/01
2	11/02/01
3	11/02/01
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50	11/02/01

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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1017 U.S. PTO  
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APPLICANT

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(Rev)